

## ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>28-JUL-2016</b>		TIME <b>19:36:00</b>		2. ADDRESS OF OCCURRENCE <b>7354 S MERRILL AVE CHICAGO, IL 60649</b>		3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0333</b>		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO											
INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>DIAZ</b>		7. FIRST NAME <b>JOSE R</b>		8. STAR NO. <b>15610</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WWH</b>		11. AGE <b>510</b>		12. HT. <b>190</b>						
	14. DATE OF APPT. <b>05-OCT-2012</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>004 0406B</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
	20. LAST NAME <b>O'NEAL</b>		21. FIRST NAME <b>PAUL</b>		22. M.I. <b>A</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>04-JUL-1998</b>		26. HT. <b>508</b>		27. WT. <b>153</b>						
INFORMATION	28. ADDRESS <b>1722 E 70TH ST CHICAGO, IL 60649</b>				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No										
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>NORTHWESTERN MEMORIAL HOSPITAL</b>																
	34. BY WHOM?				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																
36. CHARGES PLACED <input type="checkbox"/> DNA																37. CB NO.		IR NO.		<input type="checkbox"/> DNA	
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT: ASSAULT				ASSAILANT: BATTERY				ASSAILANT: DEADLY FORCE				
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____				FLED PULLED AWAY OTHER _____				IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____				ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____ PERCEIVED AS _____				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____				
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____				FIREARM <input checked="" type="checkbox"/>  OTHER <u>EVASIVE MOVES/FOOT PUR</u>				
	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No 40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No 40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No 40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member																				
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS <b>CLEAR</b>										
	45. MAKE/MANUFACTURER <b>GLOCK, INC.-AU-</b>		46. MODEL <b>17</b>		47. BARREL LENGTH <b>4.5</b>		48. CALIBER/GAUGE <b>9 MM</b>														
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) <b>TBG838</b>		51. CHICAGO GUN REG. NO. <b>R0287875</b>		52. IL FIREARM OWNER ID. NO. <b>95180740</b>		53. HANDGUN CERTIFICATE NO.												
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>5</b>												
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) <b>NO PERCEIVED SHOTS TO BE COMING FROM DP</b>		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)														
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO													
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>						67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION						69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
70. ADDITIONAL INFORMATION <b>SUBJECT INTENTIONALLY RAMMED HIS VEHICLE INTO RO'S</b>										LOG# <b>1081642</b>											

**VEHICLE WHILE NUMEROUS SHOTS WERE SIMULTANEOUSLY**

**HEARD COMING FROM THE DIRECTION OF THE OFFENDERS**

VEHICLE. DURING PURSUIT OFFENDER FAILED TO COMPLY

TO VERBAL COMMANDS WHILE REACHING INTO HIS WAIST

BAND.

INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE			70. EVENT NO. <b>1621013742</b>
	NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC			
NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC				
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.				
40. ADDITIONAL INFORMATION <b>SUBJECT INTENTIONALLY RAMMED HIS VEHICLE INTO RO'S VEHICLE WHILE NUMEROUS SHOTS WERE SIMULTANEOUSLY HEARD COMING FROM THE DIRECTION OF THE OFFENDERS VEHICLE. DURING PURSUIT OFFENDER FAILED TO COMPLY TO VERBAL COMMANDS WHILE REACHING INTO HIS WAIST BAND.</b>				
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>DIAZ, JOSE R</b>		STAR/EMPLOYEE NO. <b>15610</b>	71. R.D. NO. <b>HZ368777</b>
	29-JUL-2016 06:25:47		SIGNATURE 	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
74. REVIEWING SUPERVISOR (Print Name) <b>HASAN, ANDRE' A</b>		STAR NO. <b>211</b>	DATE REVIEWED <b>29-JUL-2016 06:27:51</b>	

Additional discharged weapons:

WEAPON DISCHARGE INCIDENT INFORMATION	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member		
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>
	45. MAKE/MANUFACTURER <b>GLOCK, INC.-AU--</b>		46. MODEL <b>17</b>		47. BARREL LENGTH <b>4.5</b>	48. CALIBER/GAUGE <b>9 MM</b>	
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) <b>TBG838</b>		51. CHICAGO GUN REG. NO. <b>R0287875</b>		52. IL FIREARM OWNER ID, NO. <b>95180740</b>
	53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>Department Issued</b>
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>5</b>		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) NO PERCEIVED SHOTS TO BE COMING FROM OFF <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT, SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT, SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-5 FT. <input checked="" type="checkbox"/> 02 5-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		
CPD 11-277 (REV. 3/16)							Page 4 of 14
69. PERSONS INVOLVED IN INCIDENT AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION							70. EVENT NO. <b>1621013742</b>

HZ368777

79. ADDITIONAL INFORMATION

**SUBJECT INTENTIONALLY RAMMED HIS VEHICLE INTO RO'S**

**VEHICLE WHILE NUMEROUS SHOTS WERE SIMULTANEOUSLY**

**HEARD COMING FROM THE DIRECTION OF THE OFFENDERS**

**VEHICLE. DURING PURSUIT OFFENDER FAILED TO COMPLY**

TO VERBAL COMMANDS WHILE REACHING INTO HIS WAIST

BAND.

* CC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
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41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>
45. MAKE/MANUFACTURER GLOCK, INC.-AU--		46. MODEL 17		47. BARREL LENGTH 4.5		48. CALIBER/GAUGE 9 MM
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) TBG838		51. CHICAGO GUN REG. NO. R0287875		52. IL FIREARM OWNER ID. NO. 95180740
53. SPECIAL WEAPON CERTIFICATE NO.		54. PROPERTY INVENTORY NO.		55. TYPE OF AMMUNITION USED Department Issued		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1
57. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) NO PERCEIVED SHOTS TO BE COMING FROM OFF		58. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		59. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		60. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)
61. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 CROSS DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		62. SPECIFY FIREARM/EQUIPMENT USED TO RELOAD		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		70. EVENT NO. 1621013742
64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		Page 7 of 14		

☒ 01 SUBJECT   ☐ 03 ANIMAL   ☐ 05 SUBJECT & OTHER CATEGORY   ☐ 07 NONE  
☒ 02 OTHER PERSON   ☐ 04 OBJECT   ☐ 06 UNKNOWN   ☐ 08 ANY OTHER COMBINATION

☐ 03 SITTING   ☐ 04 KNEELING   ☐ 05 OTHER (SPECIFY)   ☒ 01 STANDING   ☐ 02 LYING DOWN

70. ADDITIONAL INFORMATION

**SUBJECT INTENTIONALLY RAMMED HIS VEHICLE INTO RO'S**

**HZ368777**

71. R.D. NO.

**VEHICLE WHILE NUMEROUS SHOTS WERE SIMULTANEOUSLY**



**HEARD COMING FROM THE DIRECTION OF THE OFFENDERS**

**VEHICLE. DURING PURSUIT OFFENDER FAILED TO COMPLY**

TO VERBAL COMMANDS WHILE REACHING INTO HIS WAIST

BAND.

\*OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)

RANK

STAR NO.

UNIT NO.

40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?

☐ 01 Yes

☒ 02 No

40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?

☐ 01 Yes

☒ 02 No

40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY

☒ 01 Yes

☐ 02 No

40c. DID THE DISCHARGE RESULT IN A SELF -INFLECTED INJURY?

☐ 01 No

☒ 02 Yes - Subject

☒ 03 Yes - Member

41. WEAPON TYPE

☐ 01 REVOLVER

☒ 04 SEMI-AUTO PISTOL

☐ 05 CHEMICAL WEAPON

☐ 02 RIFLE

☐ 06 TASER (Probe Discharge)

☐ 03 SHOTGUN

☐ 07 OTHER

42. INCIDENT OCCURRED

☐ Indoors

☒ Outdoors

43. LIGHTING CONDITIONS

☐ 02 Night

☐ 03 Dawn

☒ 01 Daylight

☐ 04 Dusk

☐ 05 Poor Artificial

☐ 06 Good Artificial

44. WEATHER CONDITIONS

CLEAR

45. MAKE/MANUFACTURER

GLOCK, INC.-AU-

46. MODEL

17

47. BARREL LENGTH

4.5

48. CALIBER/GAUGE

9 MM

49. TASER DART ID NO.

50. WEAPON SERIAL No. (Include Letters)

TBG838

51. CHICAGO GUN REG. NO.

R0287875

52. IL FIREARM OWNER ID. NO.

95180740

53. HANDGUN CERTIFICATE NO.

54. SPECIAL WEAPON CERTIFICATE NO.

55. PROPERTY INVENTORY NO.

56. TYPE OF AMMUNITION USED  
Department Issued

57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.

1

58. TOTAL NO. OF SHOTS MEMBER FIRED

5

59. WHO FIRED FIRST SHOT

☐ 01 MEMBER

☒ 03 OTHER (SPECIFY) NO PERCEIVED SHOTS TO BE COMING FROM OP

60. WAS FIREARM RELOADED DURING INCIDENT

☐ 01 YES

☒ 02 NO

61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED

62. HOW WAS MEMBER'S HANDGUN WORN

☐ 01 RT. SIDE (WAIST)

☒ 02 LT. SIDE (WAIST)

☐ 03 OTHER (Specify)

63. HOW WAS MEMBER'S HANDGUN DRAWN

☐ 02 CROSS DRAW

☒ 03 OTHER (Specify)

64. IF OTHER, THE MODEL EQUIPMENT USED TO RECORD

65. DID MEMBER USE SIGHTS

☐ 01 NO

☒ 02 NO

66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)

NONE

67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED

☐ 01 0 - 05 FT.

☒ 02 05 - 10 FT.

☐ 03 10 - 15 FT.

☐ 04 OVER 15 FT.

70. EVENT NO.  
1621013742

☒ 01 SUBJECT   ☐ 03 ANIMAL   ☐ 05 SUBJECT & OTHER CATEGORY   ☐ 07 NONE  
☒ 02 OTHER PERSON   ☐ 04 OBJECT   ☐ 06 UNKNOWN   ☐ 06 ANY OTHER COMBINATION

☐ 03 SITTING   ☐ 04 KNEELING   ☐ 05 OTHER (SPECIFY)   ☒ 01 STANDING   ☐ 02 LYING DOWN

70. ADDITIONAL INFORMATION

**SUBJECT INTENTIONALLY RAMMED HIS VEHICLE INTO RO'S**

**HZ368777**

71. RD. NO.

**VEHICLE WHILE NUMEROUS SHOTS WERE SIMULTANEOUSLY**

/

**HEARD COMING FROM THE DIRECTION OF THE OFFENDERS**

**VEHICLE. DURING PURSUIT OFFENDER FAILED TO COMPLY**

TO VERBAL COMMANDS WHILE REACHING INTO HIS WAIST

BAND.

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL, (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY, (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY, (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Deceased

### 76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#015

Investigation into this incident is ongoing by Area Central Detectives.

### 77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☐ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### 78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. 1081642 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

### 79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

PENA, MARIA C

### 80.

TRR OF TRR(S)

### 81. TOTAL TRR's THIS EVENT No.

4

SIGNATURE



DATE COMPLETED TIME

29-JUL-2016 06:42:58